Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 86260RLO					
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ORGANIC VERTICAL CAVITY LASER ARRAY DEVICE WITH VARYING PIXEL SIZES													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and													
was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.													
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title													
37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:													
COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED UNDER 3: (# PCT, midcale PCT) (month/dayyest)							JNDER 35 USC	§119					
				(monures) year)			YES		NO NO				
							YES		NO				
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I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below: PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):													
PROVISIONAL APPLICATION NUMBER FILING OATE (month/day/year)													
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS C 35USC§120:	OR PCT INTERN	ATIONAL APP	LICATIO	ONS DESIGNATING TH	E U.S FOR	BENEF	IT UNDER						
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or												
agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute												
this application and transact all business in the Patent and Trademark Office connected												
this application and transact an business in the Fatent and Trademark Office connected therewith.												
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Send Correspondence to: Direct Telephone Calls to:												
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			Ì									
Eastman Kodak 343 State Street				1 2	•	Raymond L. Owens						
Rochester, NY 1					i i	585-477-4653						
Kochester, N I						FAX: 585-477-4646						
2	FULL NAME OF INVENTOR	FAMILY NAME Kahen		FIRST GIVEN NAME Keith		SECOND GIVEN NAME B.						
	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP						
l °	CITIZENSHIP	Rochester		New York 14616 USA	USA							
1	BUSINESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rocheste		STATE & ZIP CODE (COUNTRY) New York 14650						
2	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME						
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Ιh	ereby declare	that all statements made herein of	f my own kr	nowledge are true and that all statement	s made on information a	and belief are believed to be						
im	prisonment, or	r that these statements were mad r both, under Section 1001 of Title y patent issued thereon.	e 18 of the U	knowledge that willful false statement United States Code, and that such willfu	s and the like so made I false statements may jo	eopardize the validity of the						
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